

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12/97)  
Approved for use through 9/30/00. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing  OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	<b>Attorney Docket Number</b>	29288.4600
	<b>First Named Inventor</b>	Yasuhiro UMEKAGE
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	10/019,418
	<b>Filing Date</b>	December 21, 2001
	<b>Group Art Unit</b>	To be assigned
	<b>Examiner Name</b>	To be assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLOWMETER

the specification of which

(Title of the Invention)

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) 06/23/2000 as United States Application Number or PCT International

Application Number PCT/JP00/04165 and was amended on (MM/DD/YYYY) 06/08/2001 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
11-177952	Japan	06/24/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11-182995	Japan	06/29/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2000-34677	Japan	02/14/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11-106246	Japan	04/14/1999	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# DECLARATION — Supplemental Priority Data Sheet

[illegible]

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12/97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transmit all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 20322

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 20322 OR ☐ Correspondence address below

Name	Michael K. Kelly				
Address	SNELL & WILMER, LLP				
Address	One Arizona Center, 400 E. Van Buren Street				
City	Phoenix	State	AZ	ZIP	85004-2202
Country	USA	Telephone	602-382-6291	Fax	602-382-6070

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname					
Yasuhiro		UMEKAGE					
Inventor's Signature	<i>Yasuhiro Umekage</i>			Date	12/18/01		
Residence: City	Kurita-gun	State	Shiga	Country	Japan	Citizenship	Japan
Post Office Address	525, Ryosenji, Rittocho, Kurita-gun, Shiga Japan						
Post Office Address							
City	Kurita-gun	State	Shiga	ZIP	520-3035	Country	Japan

☒ Additional inventors are being named on the 4 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Yukio</u>		<u>NAGAOKA</u>	
Inventor's Signature <u>Yukio Nagaoka</u>		Date <u>12/18/01</u>	
Residence: City <u>Soraku-gun</u>	State <u>Kyoto</u>	Country <u>Japan</u>	Citizenship <u>Japan</u>
Mailing Address <u>5-20-25, Saganakadai, Kizucho, Soraku-gun, Kyoto Japan</u>			
Mailing Address			
City <u>Soraku-gun</u>	State <u>Kyoto</u>	ZIP <u>619-0223</u>	Country <u>Japan</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Osamu</u>		<u>EGUCHI</u>	
Inventor's Signature <u>Osamu H Eguchi</u>		Date <u>12/18/01</u>	
Residence: City <u>Kitakatsuragi-gun</u>	State <u>Nara</u>	Country <u>Japan</u>	Citizenship <u>Japan</u>
Mailing Address <u>2-5-6, Kumigaoka, Kawaicho, Kitakatsuragi-gun,</u>			
Mailing Address <u>Nara Japan</u>			
City <u>Kitakatsuragi-gun</u>	State <u>Nara</u>	ZIP <u>636-0063</u>	Country <u>Japan</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Shuji</u>		<u>ABE</u>	
Inventor's Signature <u>Shuji Ake</u>		Date <u>12/18/01</u>	
Residence: City <u>Nara</u>	State <u>Nara</u>	Country <u>Japan</u>	Citizenship <u>Japan</u>
Mailing Address <u>21-37-201, Tezukayama 2-chome, Nara-shi, Nara Japan</u>			
Mailing Address			
City <u>Nara</u>	State <u>Nara</u>	ZIP <u>631-0062</u>	Country <u>Japan</u>

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

2005220 0115001

36

411

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Yuji</u>		<u>NAKABAYASHI</u>	
Inventor's Signature <u>Yuji Nakabayashi</u>		Date <u>12/18/01</u>	
Residence: City <u>Nara</u>	State <u>Nara</u>	Country <u>Japan</u>	Citizenship <u>Japan</u>
Mailing Address <u>A-222, 1-4, Horai, Nara-shi, Nara Japan</u>			
Mailing Address			
City <u>Nara</u>	State <u>Nara</u>	ZIP <u>631-0845</u>	Country <u>Japan</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Kenzo</u>		<u>OHJI</u>	
Inventor's Signature <u>Kenzo Ohji</u>		Date <u>12/18/01</u>	
Residence: City <u>Ikoma</u>	State <u>Nara</u>	Country <u>Japan</u>	Citizenship <u>Japan</u>
Mailing Address <u>1-680-72, Satsukidai, Ikoma-shi, Nara Japan</u>			
Mailing Address			
City <u>Ikoma</u>	State <u>Nara</u>	ZIP <u>630-0221</u>	Country <u>Japan</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Fumikazu</u>		<u>SHIBA</u>	
Inventor's Signature <u>Fumikazu Shiba</u>		Date <u>12/18/01</u>	
Residence: City <u>Nara</u>	State <u>Nara</u>	Country <u>Japan</u>	Citizenship <u>Japan</u>
Mailing Address <u>2-3-7-204, Omiyacho, Nara-shi, Nara Japan</u>			
Mailing Address			
City <u>Nara</u>	State <u>Nara</u>	ZIP <u>630-8115</u>	Country <u>Japan</u>

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

10015410 036002

Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Akihisa</u>		<u>ADACHI</u>	
Inventor's Signature	<u>Akihisa Adachi</u>		Date <u>12/19/01</u>
Residence: City	<u>Kawasaki</u>	State <u>Kanagawa</u>	Country <u>Japan</u> Citizenship <u>Japan</u>
Mailing Address <u>5-40-1-306, Kamiasao, Asao-ku, Kawasaki-shi,</u>			
Mailing Address <u>Kanagawa Japan</u>			
City	<u>Kawasaki</u>	State <u>Kanagawa</u>	ZIP <u>215-0021</u> Country <u>Japan</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Masahiko</u>		<u>HASHIMOTO</u>	
Inventor's Signature	<u>Masahiko Hashimoto</u>		Date <u>12/20/01</u>
Residence: City	<u>Ota-ku</u>	State <u>Tokyo</u>	Country <u>Japan</u> Citizenship <u>Japan</u>
Mailing Address <u>2-3-16-311, Ishikawacho, Ota-ku, Tokyo Japan</u>			
Mailing Address			
City	<u>Ota-ku</u>	State <u>Tokyo</u>	ZIP <u>145-0016</u> Country <u>Japan</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Toshiharu</u>		<u>SATO</u>	
Inventor's Signature	<u>Toshiharu Sato</u>		Date <u>12/25/01</u>
Residence: City	<u>Kawasaki</u>	State <u>Kanagawa</u>	Country <u>Japan</u> Citizenship <u>Japan</u>
Mailing Address <u>4-8-7-203, Minamiikuta, Tama-ku, Kawasaki-shi,</u>			
Mailing Address <u>Kanagawa Japan</u>			
City	<u>Kawasaki</u>	State <u>Kanagawa</u>	ZIP <u>214-0036</u> Country <u>Japan</u>

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

100-54-0-032002  
 2005-03-04  
 9-6  
 10-6

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Yuji		FUJII	
Inventor's Signature		Date 12/19/01	
Residence: City	Ikoma	State	Nara
		Country	Japan
Mailing Address 879-14, Tsujimachi, Ikoma-shi, Nara Japan			
Mailing Address			
City	Ikoma	State	Nara
		ZIP	630-0212
		Country	Japan
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.